



Family Name(s): _____

Christian Names: _____

Mother

Father

Titles: _____

(Mr/ Mrs / Ms / Dr / Rev)

Address: _____

Contact:

Home phone: _____

Mobile: _____

Email: _____

Student's date of birth: _____

Student's current school: _____

Student's year level next year: _____

**Please attach a copy of the most recent school report.*

Parent(s) / Guardian(s) Signature: _____

Date: _____

This form should be returned to:

Mrs Emily Veal
Enrolments Officer
Fairholme College
PO Box 688 Toowoomba Q 4350

T 07 4688 4635
E emily.veal@fairholme.qld.edu.au

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